

# Reporting

Suspected Fraudulent  
**Insurance Claims**

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California Department of Insurance  
Fraud Division



- ρ Requirements
- ρ Instructions

July 2005

California Department of Insurance  
CRIMINAL INVESTIGATIONS BRANCH  
FRAUD DIVISION  
9342 Tech Center Drive, Suite 100  
Sacramento, CA 95826

PHONE (916) 854-5760  
FAX (916) 255-3308

REGIONAL OFFICES

Commerce

5999 E. Slauson Avenue  
City of Commerce, CA 90040  
(323) 278-5000

Fresno

4969 E. McKinley Avenue, Suite 204  
Fresno, CA 93727  
(559) 253-7300

Benicia

1100 Rose Drive, Suite 100  
Benicia, CA 94510  
(707) 751-2000

Orange

333 S. Anita Drive, Suite 450  
Orange, CA 92868  
(714) 456-1810

Rancho Cucamonga

9674 Archibald Avenue, Suite 100  
Rancho Cucamonga, CA 91730  
(909) 919-2200

San Diego

1495 Pacific Highway, Suite 300  
San Diego, CA 92101  
(619) 645-2550

Valencia

27200 Tournay Road, Suite 375  
Valencia, CA 91355  
(661) 253-7400

San Jose

18425 Technology Drive  
Morgan Hill, CA 95037  
(408) 779-7200

Sacramento

9342 Tech Center Drive, Suite 500  
Sacramento, CA 95826  
(916) 854-5700

## Mission

The mission  
of the California Department of Insurance  
Fraud Division  
is to protect the public  
from economic loss and distress  
by actively investigating and arresting  
those who commit insurance fraud  
and to reduce  
the overall incidence of insurance fraud  
through anti-fraud outreach  
to the public, private and governmental sectors.

Every person  
who reports suspected fraudulent insurance claims  
to the Fraud Division  
further this mission.



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## Reporting Requirements

Who Must Report	Anyone may report suspected fraudulent insurance claims and premium fraud to the California Department of Insurance (CDI) Fraud Division. All licensed insurers doing business in California and all self-insured employers (for Workers' Compensation cases only) that suspect fraudulent claim activity must report it. A self-insured's third-party administrator (TPA) or other contractor shall submit FD-1 referral forms on the self-insured's behalf. Refer to Appendix A. (see page 13) for detailed requirements and authority cites.
What Fraud Must Be Reported	Any suspected fraudulent insurance claim activity victimizing or involving any California insured, insurer, employee and permissibly self-insured shall be reported, regardless of the location where the fraud was allegedly committed.
What Information Is Required	The Form FD-1 Suspected Fraudulent Claim (SFC) Referral Form (see pages 6-8 for a sample completed form) requests information about the loss/injury, alleged victim, suspicious fraudulent activity, and names and identifying information of the parties involved. In addition, reporting parties who have made investigative efforts are encouraged to attach additional documentation to the referral.
When Must a Report Be Made	<p><b>Workers' Compensation</b> - 30 days after insurer knows or reasonably believes a fraudulent act was committed (CIC 1877.3 (b)(1) and 1877.3 (d)). Furnished to CDI and District Attorney.</p> <p><b>All others</b> – 60 days after insurer determines claim appears fraudulent (1872.4 (a)). Furnished to CDI.</p> <p><b><u>If you have documented results of an investigation that confirm your suspicions of fraud, please immediately contact your Fraud Division Regional Office</u></b> in person or by phone to discuss it (see the inside cover and the following page for contact and address information).</p>
Immunity from Civil Liability	The California Insurance Code (CIC) contains provisions affording limited immunity from civil liability for insurers and their authorized agents who provide information to the CDI Fraud Division. These provisions do vary. Please reference the language to the applicable provision (CIC Sections §1872.5, 1873.2, 1877.5, 1874.4, 1875.4, 1875.18 and 1876.4).
Where to Obtain Additional FD-1 Forms	You may reproduce the 4-page Form FD-1 (see Appendix D., page 19, for a camera-ready version). For additional copies of this booklet, call (916) 854-5760 or write to the address below. The Form FD-1 may also be accessed on the Departments web site, <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a> .
Where to Submit Completed Referral Forms	Completed Form FD-1s should be mailed to the following address: CDI Fraud Division Intake Unit P.O. Box 277320 Sacramento CA 95827-7320

How CDI Uses This Information	<p>FD-1 referrals submitted by insurers, law enforcement agencies, the public and others provide the foundation for the CDI Fraud Division's anti-fraud program. <b><u>The value of accurate, timely and complete referrals cannot be overstated.</u></b> Unreported incidents and incomplete and/or inaccurate information on FD-1s impedes CDI's ability to gather and report intelligence information; match parties to previous fraudulent activity; and effectively evaluate whether to further investigate the circumstances.</p> <p>On receipt, the Centralized Intake Unit immediately reviews referrals for accuracy and completeness. Within 12 business days, data from incoming FD-1s are entered into the Fraud Division's Insurance Fraud Information System (IFIS) and the referrals are directed to the appropriate CDI Fraud Division regional office. Investigative staff conduct preliminary intelligence gathering, evaluate the FD-1 information, make a decision about whether to initiate a formal investigation, and notify the reporting party about the action CDI will take.</p>																				
Getting Help	<p>If you have questions about reporting requirements or need help completing an FD-1 referral form, please contact the CDI Fraud Division regional office which serves your county.</p> <table border="1" data-bbox="410 825 1391 1612"> <thead> <tr> <th data-bbox="410 825 922 856">If your California county is—</th><th data-bbox="930 825 1391 856">Your Regional Office is—</th></tr> </thead> <tbody> <tr> <td data-bbox="410 877 922 1003">Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba</td><td data-bbox="930 877 1391 909">Sacramento (916) 854-5700</td></tr> <tr> <td data-bbox="410 1045 922 1119">Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma</td><td data-bbox="930 1045 1391 1077">Benicia (707) 751-2000</td></tr> <tr> <td data-bbox="410 1171 922 1192">Monterey, San Benito, Santa Clara, Santa Cruz</td><td data-bbox="930 1171 1391 1203">Morgan Hill (408) 779-7200</td></tr> <tr> <td data-bbox="410 1245 922 1297">Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare</td><td data-bbox="930 1245 1391 1276">Fresno (559) 445-5026</td></tr> <tr> <td data-bbox="410 1339 922 1392">Southern Los Angeles and the City of Los Angeles Metropolitan Area</td><td data-bbox="930 1339 1391 1371">Commerce (323) 278-5000</td></tr> <tr> <td data-bbox="410 1413 922 1465">Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura</td><td data-bbox="930 1413 1391 1444">Valencia (661) 253-7400</td></tr> <tr> <td data-bbox="410 1486 922 1507">Orange</td><td data-bbox="930 1486 1391 1518">Orange (714) 456-1810</td></tr> <tr> <td data-bbox="410 1539 922 1560">Riverside, San Bernardino</td><td data-bbox="930 1539 1391 1570">Rancho Cucamonga (909) 919-2200</td></tr> <tr> <td data-bbox="410 1581 922 1612">Imperial, San Diego</td><td data-bbox="930 1581 1391 1612">San Diego (619) 645-2550</td></tr> </tbody> </table> <p><b>If you are calling from another state or country</b> and are unsure which Regional Office to contact, please call our Fraud Division headquarters in Sacramento at (916) 854-5760.</p>	If your California county is—	Your Regional Office is—	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba	Sacramento (916) 854-5700	Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma	Benicia (707) 751-2000	Monterey, San Benito, Santa Clara, Santa Cruz	Morgan Hill (408) 779-7200	Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare	Fresno (559) 445-5026	Southern Los Angeles and the City of Los Angeles Metropolitan Area	Commerce (323) 278-5000	Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura	Valencia (661) 253-7400	Orange	Orange (714) 456-1810	Riverside, San Bernardino	Rancho Cucamonga (909) 919-2200	Imperial, San Diego	San Diego (619) 645-2550
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## Sample of Completed Form FD-1 (Page 1)

## California Department of Insurance

## Fraud Division

**Suspected Fraudulent Claim (SFC)  
Referral Form (FD-1)****CDI USE ONLY**

Case #: \_\_\_\_\_ County Code: \_\_\_\_\_ SFC #: \_\_\_\_\_

☐ AUTOMOBILE ☐ WORKERS' COMPENSATION ☐ SPECIAL OPS  
☐ URBAN AUTO FRAUD PROGRAM ☐ OTHER ☐ HEALTHCARE

**REPORTING REQUIREMENTS:** Please print legibly or type. California Insurance Code (CIC) § 1872.4 requires companies licensed to write insurance in California to submit this form **WITHIN 60 DAYS** after determining that a claim appears to be fraudulent. CIC § 1877.3 further requires reporting of suspected fraudulent Workers' Compensation claims to BOTH the CDI Fraud Division and the local District Attorney's Office **WITHIN 30 DAYS**.

**SECTION I. REPORTING PARTY INFORMATION CODE**FRAUD TYPE CODE: 140 REPORTING PARTY CODE: 04 CHECK ONE: ☒ NEW REFERRAL ☐ AMENDED REFERRALREPORTING PARTY: Rest Assured Services 11122  
Company Name California Company (CA) # Self Insured TPAAADDRESS: 123 Assured Street, Suite 100 CITY: AnyCity STATE: CA ZIP: 11111

E-MAIL ADDRESS (IF APPLICABLE): \_\_\_\_\_

**SECTION II. LOSS/INJURY INFORMATION**ALLEGED VICTIM: C&W Trucking Company 5-2222-13-000  
Company Name California Company (CA) # Self Insured TPAAADDRESS: 456 Safe Street, Suite 101 CITY: AnyCity STATE: CA ZIP: 22222CLAIM #: AB1234567 POLICY #: X9876543 DATE OF LOSS/INJURY: 10/01/99

ADDRESS OR LOCATION WHERE LOSS / INJURY OCCURRED:

ADDRESS: First & Main Streets CITY: Everywhere STATE: CA ZIP: 33333PREMIUM LOSS: \_\_\_\_\_ POTENTIAL LOSS: \$47,000.00 ACTUAL PAID TO DATE: \$8,500.00 SUSPECTED FRAUDULENT LOSS TO DATE: \_\_\_\_\_**SECTION III. SUSPECTED FRAUDULENT CLAIM ACTIVITY**

SYNOPSIS: State the facts (who, what, when, where, how, why) that support your suspicion of fraudulent claim activity including any material misrepresentation(s). Provide details regarding any prior history of fraudulent insurance claim activity by any of the parties. If known, include relevant claim numbers. Attach additional summary sheets if needed.

Mike and Susie Smith alleged accident at First and Main Streets in Everywhere, California on October 1, 1999. They deny involvement in previous accidents, but index links them to five others at the same intersection. Treating chiropractor, Noel Jones, is refusing to provide treatment records.

History on index shows five other claims for other carriers and two potential aliases for suspect driver (copies attached).

You may include attachments documenting the suspected fraudulent activity. If a complete copy of the claim file has been submitted to the District Attorney's Office, please attach a complete copy to this Form FD-1. Otherwise, a complete copy of your claim file is not required.

DISASTER CLAIMS: If this suspicious activity is related to a major natural or non-natural disaster, check the box below that best describes the related event:

☐ EARTHQUAKE ☐ FLOOD ☐ FIRESTORM ☐ WIND ☐ OTHER NATURAL ☐ NON-NATURAL (MAN-MADE)

**SECTION IV. REPORTS TO OTHER AGENCIES**

☐ OTHER LAW ENFORCEMENT AGENCY (specify name): \_\_\_\_\_

☐ DISTRICT ATTORNEY'S OFFICE (specify name): \_\_\_\_\_

☐ NICB ☐ OTHER: \_\_\_\_\_

**SECTION V. CONTACT INFORMATION**CONTACT (name/title): Able Seer PHONE: ( 111 ) 222-3333 DATE FORM COMPLETED: \_\_\_\_\_FILE HANDLER (if different): Hal Helpful PHONE: ( 444 ) 555-6666COMPLETED BY (if different): \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ 10/09/99

Mail completed forms to: CDI Fraud Division Intake Unit, P.O. Box 277320, Sacramento CA 95827-7320

## Sample of Completed Form FD-1 (Page 2)

## California Department of Insurance

## Fraud Division

**Suspected Fraudulent Claim (SFC)  
Referral Form (FD-1)****CDI USE ONLY**

Case #: \_\_\_\_\_ County Code: \_\_\_\_\_ SFC #: \_\_\_\_\_

☐ AUTOMOBILE    ☐ WORKERS' COMPENSATION    ☐ SPECIAL OPS  
☐ URBAN AUTO FRAUD PROGRAM    ☐ OTHER    ☐ HEALTHCARE

Parties to the Loss/Injury

Claim #: AB1234567

Policy #: X9876543

Date of Loss/Injury: 10/01/99

**SECTION VI. INSURED/EMPLOYER INFORMATION (Party A)****PARTY A.** ☒ INSURED☐ EMPLOYER (CHECK ONE IF Workers' Compensation, must show employer here.)

Name: C &amp; W Trucking Company

Phone #: (222) 222-2222

Address: 456 Safe Street, Suite 101

City: AnyCity

State: CA Zip: 22222

DOB/Age: \_\_\_\_\_

SSN: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

DL #: \_\_\_\_\_

State: \_\_\_\_\_

License Plate #: CNWT1

State: \_\_\_\_\_

VIN #: \_\_\_\_\_

DBAs/Multiple Numbers/AKA's: \_\_\_\_\_

Party Claiming Injury: ☐ Yes ☐ No**SECTION VII. OTHER PARTIES TO THE LOSS/INJURY (Additional Parties)****PARTY B.** ☐ 30 (Enter party code in box)

Name: Smith, Mike

Phone #: (555) 555-5555

Address: 2000 Repeater Street

City: Overland

State: CA Zip: 55555

DOB/Age: June 30, 1966

SSN: 555-55-5555

Tax ID #: \_\_\_\_\_

DL #: B5555555

State: CA

License Plate #: GOTU5

State: CA

VIN #: \_\_\_\_\_

DBAs/Multiple Numbers/AKA's: Mike Green, Mike Johnson

Party Claiming Injury: ☒ Yes ☐ No**PARTY C.** ☐ 32 (Enter party code in box)

Name: Smith, Susie

Phone #: (666) 666-6666

Address: 2000 Repeater Street

City: Overland

State: CA Zip: 55555

DOB/Age: July 18, 1968

SSN: 666-66-6666

Tax ID #: \_\_\_\_\_

DL #: C6666666

State: CA

License Plate #: \_\_\_\_\_

State: \_\_\_\_\_

VIN #: \_\_\_\_\_

DBAs/Multiple Numbers/AKA's: \_\_\_\_\_

Party Claiming Injury: ☐ Yes ☒ No**PARTY D.** ☐ 06 (Enter party code in box)

Name: Jonee, Noel

Phone #: (777) 777-7777

Address: 15 Gangland Way

City: Overland

State: CA Zip: 77777

DOB/Age: July 18, 1968

SSN: 777-77-7777

Tax ID #: \_\_\_\_\_

DL #: A7777777

State: CA

License Plate #: \_\_\_\_\_

State: \_\_\_\_\_

VIN #: \_\_\_\_\_

DBAs/Multiple Numbers/AKA's: \_\_\_\_\_

Party Claiming Injury: ☐ Yes ☒ No**PARTY E.** ☐ (Enter party code in box)

Name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

DOB/Age: \_\_\_\_\_

SSN: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

DL #: \_\_\_\_\_

State: \_\_\_\_\_

License Plate #: \_\_\_\_\_

State: \_\_\_\_\_

VIN #: \_\_\_\_\_

DBAs/Multiple Numbers/AKA's: \_\_\_\_\_

Party Claiming Injury: ☐ Yes ☐ No

## Sample of Completed Form FD-1 (Page 3)

## California Department of Insurance

## Fraud Division

**Suspected Fraudulent Claim (SFC)  
Referral Form (FD-1)****CDI USE ONLY**

Case #: \_\_\_\_\_ County Code: \_\_\_\_\_ SFC #: \_\_\_\_\_

☐ AUTOMOBILE ☐ WORKERS' COMPENSATION ☐ SPECIAL OPS  
☐ URBAN AUTO FRAUD PROGRAM ☐ OTHER ☐ HEALTHCARE

Parties to the Loss/Injury (continued)

Claim #: AB1234567

Policy #: X9876543

Date of Loss/Injury: 10/01/99

**SECTION VII. OTHER PARTIES TO THE LOSS/INJURY (Additional Parties)****PARTY E.** ☐ 02 (Enter party code in box)

Name: Sanford, Fred Phone #: ( )  
Last Name First Name MI  
Address: City: State: Zip:  
DOB/Age: 6/20/66 SSN: 888-88-8888 Tax ID #:  
DL #: State: License Plate #: State: VIN #:  
DBAs/Multiple Numbers/AKA's: Party Claiming Injury: ☐ Yes ☒ No

**PARTY F.** ☐ 31 (Enter party code in box)

Name: Innocent, Truly Phone #: ( 444 ) 444-4444  
Last Name First Name MI  
Address: 2 Runover Lane City: Hitagin State: CA Zip: 44444  
DOB/Age: February 20, 1959 SSN: 444-44-4444 Tax ID #:  
DL #: A4444444 State: CA License Plate #: HITME2 State: CA VIN #:  
DBAs/Multiple Numbers/AKA's: Party Claiming Injury: ☐ Yes ☒ No

**PARTY .** ☐ (Enter party code in box)

Name: Phone #: ( )  
Last Name First Name MI  
Address: City: State: Zip:  
DOB/Age: SSN: Tax ID #:  
DL #: State: License Plate #: State: VIN #:  
DBAs/Multiple Numbers/AKA's: Party Claiming Injury: ☐ Yes ☐ No

**PARTY .** ☐ (Enter party code in box)

Name: Phone #: ( )  
Last Name First Name MI  
Address: City: State: Zip:  
DOB/Age: SSN: Tax ID #:  
DL #: State: License Plate #: State: VIN #:  
DBAs/Multiple Numbers/AKA's: Party Claiming Injury: ☐ Yes ☐ No

**PARTY .** ☐ (Enter party code in box)

Name: Phone #: ( )  
Last Name First Name MI  
Address: City: State: Zip:  
DOB/Age: SSN: Tax ID #:  
DL #: State: License Plate #: State: VIN #:  
DBAs/Multiple Numbers/AKA's: Party Claiming Injury: ☐ Yes ☐ No

If you need to report more parties to the loss, please complete and attach additional copies of this page as needed.



## Instructions for Completing Form FD-1: Suspected Fraudulent Claim Referral

### SECTION I. Reporting Party Information

Using The FD-1 Form Via Computer	This form was created in Microsoft Word 97. It is recommended that you use the <b>“Tab”</b> key to navigate between fields and not the “Enter” key when using the FD-1 form on your computer.
Fraud Type Code	Enter the most appropriate Suspected Fraud Type code. For a list of codes, refer to Appendix B. Code Listing (see page 14-15). If you are unsure which code to use, refer to Appendix C. Code Definitions (see pages 16–18).
Reporting Party Code	Enter the most appropriate Reporting Party code. For a list of codes, refer to Appendix B. Code Listing (see page 16-18). If you are a third-party administrator (TPA) or other contractor, select, from codes 1, 2, 3, or 4, the code that best describes the nature of the insurer for which you are working.
New Referral/ Amended Referral Check One:	Check the “New Referral” box if this is the first referral you have made for this incident of suspected fraud. Check the “Amended Referral” box if you have previously reported this incident and are adding, deleting or correcting information you previously provided.
Reporting Party	To ensure proper identification, enter the full and complete company name of the reporting carrier, self-insured, TPA, law enforcement agency, or other entity/individual making the referral. To ensure proper identification, <b>do not</b> use acronyms or initials unless they are part of the formal name.
California Company (CA) #	If you are an insurer authorized to transact business in California, enter your CDI-assigned California Company (CA) number.
Self-Insured #/ TPA#	If you are a Third Party Administrator (TPA), enter the TPA number assigned by the California Department of Industrial Relations. If you are self-insured, enter one of the following: self-insured number assigned by either the California Department of Industrial Relations or California Department of Motor Vehicles.
Address/City/ State/ZIP/E-mail	Enter your mailing address and e-mail address (if applicable).

### SECTION II. Loss/Injury Information

Alleged Victim	Enter the full and complete company name of the insurance carrier or self-insured that you suspect is being victimized. In the case of an employer defrauding an employee (Suspected Fraud Type Code 510), enter the name of the employee whom you suspect is being victimized. To ensure proper identification, <b>do not</b> use acronyms or initials unless they are part of the formal name.
California Company (CA) #	If the alleged victim is an insurer licensed to transact business in California, enter the CDI-assigned California Company (CA) number.
Self-Insured #/ TPA#	If the “Alleged Victim” is self-insured, enter one of the following: self-insured number assigned by either the California Department of Industrial Relations or California Department of Motor Vehicles, or TPA number assigned by the California Department of Industrial Relations.

Claim Number	Enter the claim number issued by the insurer. For amended referrals, be sure to include the identical claim number as originally reported on the initial referral.
Policy Number	Enter the policy number issued by the insurer. For amended referrals, be sure to include the identical policy number as originally reported on the initial referral.
Premium Dollar Loss	<b>For premium fraud cases only</b> (Suspected Fraud Type Code 561 (Misclassification), 562 (Under-Reported Wages), or 563 (X-Mod Evasion)), enter the potential loss in total premium dollars if the fraud had gone undiscovered. Otherwise, leave blank.
Location Of Loss/ Injury	Indicate the name of the city, state and zip code where the loss or injury is alleged to have occurred. If the specific address is not known, please note such details as the intersection, mall name, or other location identifying information. NOTE: The accuracy of this information is critical, as it will determine which CDI Fraud Division regional office is assigned to handle the case.
Date of Loss/ Injury	Enter the reported date of loss or injury. If more than one date has been reported for the loss or injury, enter the earliest alleged date.
Potential Loss	Enter the potential dollar loss/exposure for this claim if the fraud had gone undiscovered.
Actual Paid to Date	Enter the total dollar amount paid on the claim as of the referral date. Include amounts you suspect to be fraudulent as well as those that may be legitimate. For premium fraud cases (Suspected Fraud Type Code 561 (Misclassification), 562 (Under-Reported Wages), or 563 (X-Mod Evasion)), leave this field blank.
Suspected Fraudulent Loss To Date	Of the amount you reported on the "Actual Paid to Date" line, enter the dollar amount you suspect to be fraudulent.

### SECTION III. Suspected Fraudulent Claim Activity

Synopsis	<p>State the <u>facts</u> that support your suspicion(s) of fraudulent insurance claim or premium fraud activity. Detail the material misrepresentation(s) made by the parties. Be specific and concise. Include information addressing the basic questions: who, what, when, where, why, how much and how often. <b>Attach additional summary sheets if needed to complete the synopsis.</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• <b>Suspected Fraud Type Code 140 (Auto Collision/Right-of-Way):</b> Accident appears staged. Suspect driver and passenger deny involvement in any previous accidents, but Index links them to 5 others including an earlier incident (7/23/98) at this same location. Treating chiropractor is refusing to provide medical records.</li> <li>• <b>Suspected Fraud Type Code 500 (Workers' Compensation/Claimant Fraud):</b> Doctor reports claimant malingering. Claimant maintains he cannot walk. Sub Rosa video on day of medical appointment shows claimant faking inability to walk; on video, claimant runs and walks normally.</li> <li>• <b>Suspected Fraud Type Code 561 (Workers' Compensation/Premium Fraud):</b> Suspect misclassification of workers' hourly rates to avoid premium costs.</li> </ul> <p><b><u>In all cases, provide any known details, of each party's history of involvement in fraudulent insurance claims.</u></b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Insured has reported four other claims in last two years including: XYZ Company, Claim #122321/ABC Insurer, loss dates 7/23/98, 9/19/97 and 8/24/98.</li> <li>• Index shows 5 hits on similar names, three of which are for the same address as the insured (copies attached).</li> <li>• NICB shows several previous claims involving the suspect driver and passenger.</li> </ul>
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Disaster-Related Activity	Check the box if suspected fraudulent claim activity is related to a <b>major</b> disaster, i.e., a disaster that has produced a gubernatorial or presidential declaration of emergency. Indicate the type of disaster to which the activity is related: natural (earthquake, flood, firestorm, wind or other natural disaster) or non-natural (civil unrest, chemical spills, airborne contamination, etc.).
Attachments	Attach any documentation you have of investigative efforts you have completed. If you are submitting a complete copy of the claim file to the District Attorney, reciprocate by including a complete copy with this referral to CDI.

#### SECTION IV. Reports to Other Agencies

Other Law Enforcement Agency	Check this box if you have reported this suspected fraudulent claim to any other law enforcement agency and enter the specific name of the agency to which this suspected fraudulent claim was referred.
District Attorney's Office	Check this box if you have reported this suspected fraudulent claim to any District Attorney's Office (required for workers' compensation claims under CIC 1877.3(b)(1)), and enter the name of the county served by the District Attorney's office to which the claim was referred.
NICB	Check this box if you have reported this suspected fraudulent claim to the National Insurance Crime Bureau (NICB).
Other	Check this box if you have reported this suspected fraudulent claim to any other agency and enter the specific name of the agency to which the claim was referred.

#### SECTION V. Contact Information

Contact	Enter the name, title and telephone number of the person who should be contacted by a CDI investigator(s) needing additional information relative to the claim.
File Handler	If different from the contact person listed previously, enter the name and phone number of the file handler (the adjuster/claims representative assigned to the claim who can provide requested information and documentation).
Completed By	Enter the name and phone number of the person completing the Form FD-1, if different from both the contact person and file handler. Enter this information in the format of First Name, Middle Initial and Last Name.
Date Form Completed	Indicate the date form was completed.

#### SECTION VI. Insured/Employer Information (Party A)

Claim/Policy Number	Enter the claim and policy numbers you reported on the first page of the FD-1. If you are submitting an amended referral, these numbers should be identical to those originally reported on the initial referral.
Date of Loss/Injury	Enter the date of loss/injury you reported on page 1 of the FD-1.
Insured/Employer Check Box	<b><u>The employer must be listed in the Party A section for any Workers' Compensation fraudulent claim referral.</u></b> If you are reporting a suspicious workers' compensation claim, check the employer box. Otherwise, check whichever box is appropriate.
Name	<b><u>The employer must be listed in the Party A section for any Workers' Compensation fraudulent claim referral.</u></b> If you are reporting a suspicious workers' compensation claim, enter the name of the employer. Otherwise, enter the appropriate name.

Party Claiming Injury	Check the “yes” box if Party A is claiming to be injured or believed to have died as a result of the situation being reported. Otherwise, check the “no” box. When an injury/death is being claimed, check the “yes” box regardless of whether you believe the injury/death to be real.
Additional Instructions	Include all of the requested information if you know it. When providing AKAs, include all nicknames, monikers, maiden names and other aliases. On the “DBAs/Multiple#s/AKAs” line, provide any company name(s) under which Party A is “doing business as” (DBA) as well as additional nicknames, monikers, maiden names and/or other aliases, dates of birth, social security or other numbers Party A may be using, e.g., DBA XYZ and Company; SSN 444-44-4444; DL A0123456.

### SECTION VII. Other Parties to the Loss/Injury (Additional Parties) Page 2-3

Instructions	Make a separate entry for every other party to the loss/injury. <b><u>Be sure to enter the appropriate Party Code in the box</u></b> (for a list of party codes, refer to the Appendix B. Code Listing, pages 12-13). As you did for Party A, enter all other requested information known about the party, including whether or not he/she claims to be injured. On the “DBAs/Multiple#s/AKAs” line, provide any company name(s) under which Party is “doing business as” (DBA) as well as additional nicknames, monikers, maiden names and/or aliases, dates of birth, social security or other numbers Party B may be using, e.g., DBA XYZ and Company; SSN 444-44-4444; DL A0123456.
Claim/Policy Number	Enter the claim and policy numbers you reported on the first page of the FD-1. If you are submitting an amended referral, these numbers should be identical to those originally reported on the initial referral.
Date of Loss/Injury	Enter the date of loss/injury you reported on page 1 of the FD-1.
Page 3 Parties to the Loss Continued	You may copy this page as needed to report additional parties to the loss/injury.

## APPENDIX A. Reporting Requirements &amp; Authorities

If your agency is:	You are required to submit:	Within the following time frame	Authority
<ul style="list-style-type: none"> <li>A company licensed to write insurance in California</li> </ul>	A separate FD-1 Referral Form for every suspected fraudulent claim	<ul style="list-style-type: none"> <li>For workers' compensation claims, within 30 days of knowing or reasonably believing a claim to be fraudulent</li> <li>For any other type of suspected fraudulent claim, within 60 days of determining that a claim appears to be fraudulent</li> </ul>	CIC §1872.4(a) CIC §1877.3(d) CIC §1872.85
<ul style="list-style-type: none"> <li>An insurer admitted to transact workers' compensation insurance in California</li> <li>The State Compensation Insurance Fund</li> <li>An employer that has secured a certificate of consent to self-insure pursuant to Section 3700 (b) or (c) of the Labor Code</li> <li>A third-party administrator that has secured a certificate pursuant to Section 3702.1 of the Labor Code</li> </ul>	A separate FD-1 Referral Form for each suspected fraudulent Workers' Compensation claim	Within 30 days of knowing or reasonably believing a person or entity has committed a fraudulent act relating to a workers' compensation claim	CIC §1877.1(c) CIC §1877.3(b) CIC §1877.3(c) CIC §1877.3(d) CIC §1872.85
<ul style="list-style-type: none"> <li>Any California police, sheriff, disciplinary body governed by the provisions of the Business and Professions Code, or any California law enforcement agency</li> </ul>	All papers, documents, reports, complaints, or other facts or evidence CDI requests.	None specified in law	CIC §1872.4(d) CIC §1872.85
	<ul style="list-style-type: none"> <li>This is a reciprocal arrangement; CDI is required by law to furnish the same information when requested by any police, sheriff or other law enforcement agency</li> <li>CDI encourages these agencies to submit FD-1 Referral forms for all cases involving suspected insurance fraud</li> <li>CDI further encourages these agencies to call the appropriate regional office to request deployment of CDI investigators to the scene of any suspected staged automobile accident</li> </ul>		
<ul style="list-style-type: none"> <li>California Departments of Highway Patrol, Motor Vehicles, and Justice</li> <li>Any California city or county law enforcement agency</li> <li>Any California city or county agency employing peace officers as designated in Penal Code Sections 830.1 (a) and (b); 830.2 (a); and 830.3 (b), (d), (k)</li> <li>Any other California law enforcement agency</li> <li>Any licensing agency governed by the Business and Professions Code</li> </ul>	Any or all information released to or received from an insurer or authorized agent of an insurer relating to any specific insurance fraud, except for motor vehicle fraud and workers' compensation fraud must also be submitted to CDI	Within 10 days of receipt of the information from the insurer or agent	CIC §1873.4 CIC §1872.85

## APPENDIX B. Code Listing

- This listing contains codes for the three fields on the Form FD-1 that require them: Suspected Fraud Type, Reporting Party, and Party to the Loss.
- Detailed definitions for Suspected Fraud Type is included in Appendix C. (refer to pages 14-16). Code names assigned to the other two fields are self-explanatory.
- Establishing new codes for this revision of the Form FD-1, while maintaining the historical integrity of CDI's database, required leaving the majority of the original codes and their meanings intact. You will also notice that "other" codes, which are found at the end of a list, are numerically out of sequence. We apologize for any inconvenience this may cause.

**APPENDIX B. Code Listing**

<b>Suspected Fraud Type Code</b>					
Auto Collision		Miscellaneous		General (Cont'd)	
Swoop & Squat	100	Casualty	600	Employer	15
Sudden Stop	110	Agricultural / Livestock	610	Claims Adjuster	16
Backing	120	Fire		Agent / Broker	20
Pedestrian vs. Auto	130	Commercial Fire	700	Other	09
Right of Way	140	Arson for Hire	710	Medical/Healthcare	
Phantom Vehicle	150	Residential Fire	720	Medical Clinic	03
Hit & Run	160	Inflated Fire Loss	730	Medical Doctor	05
Paper Collision	170	Property		Chiropractor	06
Organized Ring	180	Theft – Residential	800	Psychologist	11
Medical Provider	190	Theft – Commercial	810	Physical Therapist	12
Auto Property		Theft – Commercial Carrier	820	Osteopath	17
Faked Damages	200	Watercraft / Aircraft Theft	830	Physician's Assistant	18
Inflated Damages	210	Watercraft / Aircraft Arson	840	Nurse Practitioner	19
Vehicle Theft	220	Vandalism	860	Clinic Administrator	22
Vehicle Arson	230	Property Theft From Vehicle	870	Dentist	23
Auto Property / Vandalism	240	Agent / Broker	880	Medical Management	24
Agent / Broker	250	Other Property Damage	850	Company	
Embezzlement	260	Mold Related	890	Vocational Rehab Counselor	25
Trailered Watercraft / Theft	270	Healthcare		Pharmacy / Pharmacist	26
Damage		Embezzlement	001	Laboratory	27
Trailered Watercraft Arson	280	Identify Theft	002	Other Medical	28
Other Auto Property	290	Unlawful Solicitation/Referral	003	Surgery Centers	35
Medical		Billing Fraud	004	Diagnostic / Imaging Centers	36
Slip & Fall	300	Immunization Fraud	005	Pain Management Clinics	37
Inflated Billing	320	Other Healthcare	006	Cosmetic Surgery Centers	38
Disability	330	Pharmacy	007	Legal	
Food Contamination	340	Surgery Center Fraud	008	Attorney	07
Pharmacy	350	Disability	009	Law Firm	10
Dental	360	<b>Reporting Party Code</b>		Legal Administrator	14
Embezzlement	370	Carrier / Licensed Insurer	01	Paralegal	26
Other Medical	310	Private Sector Self-Insured	02	Auto	
Life		Public Sector Self-Insured	03	Suspect Driver	30
Questionable Death	400	Third Party Administrator	04	Victim Driver	31
Suspicious/False Policy	420	State Fund (SCIF)	05	Suspect Passenger	32
Application		District Attorney's Office	06	Suspect Pedestrian	33
Other Life	410	Law Enforcement Agency	07	Body Shop	08
Workers' Compensation		Incoming CDI Hotline Call	08	Repair Shop / Mechanic	34
Claimant Fraud	500	(CDI Use Only)		Capper	21
Employer Defrauding Employee	510	Other CDI Information Source	09	Workers' Compensation	
Legal Provider	520	(CDI Use Only)		Autobody-Premium Fraud	40
Medical Provider	530	Other Reporting Party	10	Contractor	41
Pharmacy	540	<b>Party To The Loss/Injury Code</b>		Employee Leasing	42
Misclassification	561	General		Janitorial	43
Under-Reported Wages	562	Insured	00	Manufacturing	44
X-Mod Evasion	563	Claimant	01	Other Services	45
Embezzlement	570	Witness	02	Professional Employment	46
Uninsured Employer	580	Alias/Also Known As (AKA)	04	Agency	
Other Workers' Compensation	550	Interpreter	13	Professionals	47
		Continued in next column		Restaurant/Bar	48
				Retail	49
				Temp. Agency	51
				Transportation	54

## APPENDIX C. Suspected Fraud Type Code Definitions

### Auto Collision

A staged auto collision is defined as a planned incident designed to fraudulently obtain monies from an insurance entity. A planned incident may take on various forms:

- 100 "Swoop" vehicle swerves in front of "squat" vehicle causing "squat" vehicle to slam on its brakes, which causes a rear-end collision with the victims vehicle.
- 110 "Squat" vehicle slows down to close gap between his vehicle and victim's vehicle, then brakes suddenly causing a rear-end collision with victim.
- 120 Victim's vehicle collides with suspect's vehicle while backing out of a driveway or while backing out of a parking space in a parking lot.
- 130 Pedestrian versus auto.
- 140 Suspect driver appears to give right-of-way to victim driver, usually in an intersection, causing vehicles to collide; suspect later claims no right-of-way was offered.
- 150 Solo vehicle crashes due to vehicle of unknown origin/description.
- 160 "Hit and run" vehicle strikes victim's car and leaves scene of the accident.
- 170 Parties conspire to create illusion of legitimate accident, using either pre-damaged vehicles or by intentionally and covertly inflicting damage on the suspect's vehicle(s). Generally, law enforcement is not called to the scene of the accident.
- 180 Collision orchestrated by organized criminal activity involving attorneys, doctors, other medical professionals, office administrators and/or cappers.
- 190 Medical provider inflates billing, knowingly submits bills with improper medical codes, and misrepresents facts.

### Auto Property

- 200 Damages to vehicle exaggerated, non-existent, pre-existing, or vehicle damaged at a later point in time.
- 210 Damages inflated or exaggerated, non-existent or pre-existing; excessive billing of vehicle body parts or repair work.
- 220 Vehicle or motor home theft.
- 230 Vehicle or motor home arson.
- 240 Vehicle or motor home vandalism including such items as car rims, stereo equipment, and engine parts.
- 250 Policy backdated prior to loss date and/or theft of premium dollars intended for payment of coverage.
- 260 Embezzlement of funds.
- 270 Watercraft stolen or damaged while being transported on trailer.
- 280 Arson of a watercraft while transported on trailer.
- 290 Any other auto-related circumstance not listed above involving the presentation of false documents as proof of insurance.



**Medical**

- 300 Suspicious slip/fall claim.
- 310 Non-auto injury reported by insured and/or claimant; medical assistance was reported.
- 320 Inflated billing by any medical facility, doctor, chiropractor, laboratory, etc.
- 330 Disability claim submitted against disability insurance policy while claimant on permanent or temporary disability and receiving continual benefits and/or vocational benefits and/or claimant reported working or performing activities exceeding alleged physical limitations.
- 340 Foreign object found within food/drink products.
- 350 Pharmacist or pharmacy inflates bills or falsifies billing; person illegally obtains medical prescriptions and submits prescriptions for habitual need.
- 360 Dentist or dental office inflates bills or falsifies billing codes.
- 370 Embezzlement of funds.

**Life**

- 400 Questionable circumstances surrounding reported death; staged death/false identity.
- 410 Other life insurance claim-related fraud not described by other Life category code.
- 420 Suspicious or questionable actions by applicant or policyholder (insured's health misrepresented on application; suspicious timing of application in relation to insured's death); potential for monetary gain from life insurance policy. Include suspicious claims involving murder for profit and claims pertaining to viatical settlements.

**Workers' Compensation**

- 500 Suspicious employee applicant claim.
- 510 Employer committing illegal act against employee(s).
- 520 Legal provider inflates billing or materially misrepresents the facts.
- 530 Medical provider inflates billing, knowingly submits bills with improper medical codes, and misrepresents facts.
- 540 Pharmacy inflates bills or falsifies codes.
- 550 Any situation dealing with a Workers' Compensation claim that is not described by any other Workers' Compensation category code.
- 561 Misclassifying the type of workers to obtain workers' compensation coverage at a lower premium. (Example: classifying roofers as clerical, etc.)
- 562 Misrepresenting payroll to obtain workers' compensation coverage at a lower premium. (Example: Over-reporting wages as if employees are experienced journeyman with less likelihood of injury and thus allowing for lower premiums or under-reporting payroll to keep premiums lower.)
- 563 Misrepresenting claims history by not reporting reportable injuries or by creating shell companies to give the impression of a non or low claims history to obtain workers' compensation coverage at a lower premium.
- 570 Embezzlement of funds.
- 580 Uninsured Employers.

**Other**

- 600 Casualty, injury or theft that does not pertain to other fraud code definitions.
- 610 Suspicious loss or damage incurred to agricultural products and/or livestock not caused by acts of nature.

**Fire**

- 700 Suspicious commercial/business fire damage.
- 710 Suspected arson for hire.
- 720 Suspicious residential fire damage.
- 730 Inflated claims from fire loss.

**Property**

- 800 Suspicious residential theft.
- 810 Suspicious commercial business theft.
- 820 Insured reports baggage/cargo lost by commercial carrier (airline, bus, train, vessel).
- 830 Theft or damage to watercraft/aircraft while not on a trailer.
- 840 Arson of watercraft/aircraft while not on a trailer.
- 850 Property damage not included in other definitions.
- 860 Vandalism or malicious mischief to the interior or exterior of business or residence.
- 870 Suspicious theft of personal property while stored in a vehicle or motor home (commonly claimed under a homeowner's insurance policy).
- 880 Policy backdated prior to loss date and/or theft of premium dollars intended for payment of coverage.
- 890 Mold related.

**Healthcare**

- 001 Embezzlement of funds.
- 002 Using another's identity to secure health care benefits.
- 003 Medical provider knowingly submits false medical bills by billing for services not rendered, billing for wrong procedure codes, or billing for procedures of a medical necessity when procedures may have been elective or cosmetic in nature and not covered by health insurance.
- 004 Denotes cases where patients are recruited and given incentives to undergo medical procedures, whether those procedures were actually performed or not.
- 005 False billings by medical providers for immunizations that were not given.
- 006 Any other health care related circumstances not listed above or covered by another category code.
- 007
- 008
- 009

## APPENDIX D. Form FD-1 Suspected Fraudulent Claim Referral

- The next page is reference information only. Do not include with submitted referral. Use it to assist in correctly coding Pages 19-21, but **do not include page 18** when reporting to CDI.
- The final three pages contain a camera-ready version of the Form FD-1 suitable for offset printing or photocopying. This is used to report suspected fraudulent claims. **Please submit single sided copies only.**

Suspected Fraud Type Code	
Auto Collision	
Swoop & Squat	100
Sudden Stop	110
Backing	120
Pedestrian vs. Auto	130
Right of Way	140
Phantom Vehicle	150
Hit & Run	160
Paper Collision	170
Organized Ring	180
Medical Provider	190
Auto Property	
Faked Damages	200
Inflated Damages	210
Vehicle Theft	220
Vehicle Arson	230
Auto Property / Vandalism	240
Agent / Broker	250
Embezzlement	260
Trailerred Watercraft / Theft Damage	270
Trailerred Watercraft Arson	280
Other Auto Property	290
Medical	
Slip & Fall	300
Inflated Billing	320
Disability	330
Food Contamination	340
Pharmacy	350
Dental	360
Embezzlement	370
Other Medical	310
Life	
Questionable Death	400
Suspicious/False Policy Application	420
Other Life	410
Workers' Compensation	
Claimant Fraud	500
Employer Defrauding Employee	510
Legal Provider	520
Medical Provider	530
Pharmacy	540
Misclassification	561
Under-Reported Wages	562
X-Mod Evasion	563
Embezzlement	570
Uninsured Employer	580
Other Workers' Compensation	550

Miscellaneous	
Casualty	600
Agricultural / Livestock	610
Fire	
Commercial Fire	700
Arson for Hire	710
Residential Fire	720
Inflated Fire Loss	730
Property	
Theft – Residential	800
Theft – Commercial	810
Theft – Commercial Carrier	820
Watercraft / Aircraft Theft	830
Watercraft / Aircraft Arson	840
Vandalism	860
Property Theft From Vehicle	870
Agent / Broker	880
Other Property Damage	850
Mold Related	890
Healthcare	
Embezzlement	001
Identify Theft	002
Unlawful Solicitation/Referral	003
Billing Fraud	004
Immunization Fraud	005
Other Healthcare	006
Pharmacy	007
Surgery Center Fraud	008
Disability	009

Reporting Party Code	
Carrier / Licensed Insurer	01
Private Sector Self-Insured	02
Public Sector Self-Insured	03
Third Party Administrator	04
State Fund (SCIF)	05
District Attorney's Office	06
Law Enforcement Agency	07
Incoming CDI Hotline Call (CDI Use Only)	08
Other CDI Information Source (CDI Use Only)	09
Other Reporting Party	10

Party To The Loss/ Injury Code	
General	
Insured	00
Claimant	01
Witness	02
Alias/Also Known As (AKA)	04

General (Cont'd)	
Interpreter	13
Employer	15
Claims Adjuster	16
Agent / Broker	20
Other	09
Medical/Healthcare	
Medical Clinic	03
Medical Doctor	05
Chiropractor	06
Psychologist	11
Physical Therapist	12
Osteopath	17
Physician's Assistant	18
Nurse Practitioner	19
Clinic Administrator	22
Dentist	23
Medical Management Company	24
Vocational Rehab Counselor	25
Pharmacy / Pharmacist	26
Laboratory	27
Other Medical	28
Surgery Centers	35
Diagnostic / Imaging Centers	36
Pain Management Clinics	37
Cosmetic Surgery Centers	38
Legal	
Attorney	07
Law Firm	10
Legal Administrator	14
Paralegal	26
Auto	
Suspect Driver	30
Victim Driver	31
Suspect Passenger	32
Suspect Pedestrian	33
Body Shop	08
Repair Shop / Mechanic	34
Capper	21
Workers' Compensation	
Autobody-Premium Fraud	40
Contractor	41
Employee Leasing	42
Janitorial	43
Manufacturing	44
Other Services	45
Professional Employment Agency	46
Professionals	47
Restaurant/Bar	48
Retail	49
Temp. Agency	51
Transportation	54

Alpine, Amador, Butte, Calaveras Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba	Sacramento	(916) 854-5700
Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma	Benicia	(707) 751-2000
Monterey, San Benito, Santa Clara, Santa Cruz	San Jose	(408) 779-7200
Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare	Fresno	(559) 253-7300
Southern Los Angeles and the City of Los Angeles Metropolitan Area	Commerce	(323) 278-5000
Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura	Valencia	(661) 253-7400
Orange	Orange	(714) 456-1810
Riverside, San Bernardino	Rancho Cucamonga	(909) 919-2200
Imperial, San Diego	San Diego	(619) 645-2550